

BOARD OF HEALTH
City of Northampton

APPLICATION FOR A WELL CONSTRUCTION PERMIT

Well Permit Number _____ (TO BE ASSIGNED BY BOARD OF HEALTH)

Fee **\$50.00**

This application must be accompanied by a scaled plot plan, produced by a civil engineer or registered sanitarian showing the minimum distances required in Title 5 of the State Environmental Code. For new construction, requiring a septic system, the septic system plan submitted for the property in compliance with Title 5 requirements will be acceptable if the proposed well location is included.

Application is hereby made to construct () or repair () a private well.

Owner's Name

Date

Street Address

Telephone Number

City, State, Zip Code

Location of Proposed Well
(if different from address)

Tax Map #

Parcel #

Well Driller (submit evidence of valid state registration)

Conservation Commission Approval
(SLaValley@northamptonma.gov)

For new construction:

Septic system plan complies with Title 5: yes () no () n/a ()

Septic system plan shows location of well: yes () no () n/a ()

For new, repair or location to leach field, septic tank or city sewer:

A scaled well construction plan has been submitted: yes () no () n/a ()

Signature of Applicant

Date

Please Mail Application to:

Northampton Board of Health
212 Main Street
Northampton, MA 01060

TO BE COMPLETED BY BOARD OF HEALTH

Permit issued (date) Permit expires on: _____ (One year from date of issuance)